

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Richard L. BOYD et al.	Confirmation No.:	3284
Application No.:	10/749,120	Art Unit:	1644
Filed:	December 30, 2003	Examiner:	D. A. Saunders
Title:	DIAGNOSTIC INDICATOR OF THYMIC FUNCTION		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)
PURSUANT TO 37 CFR § 1.97(c)

Dear Madam:

This Supplemental Information Disclosure Statement is being filed after the mailing date of the first Office Action on the merits and before the mailing date of a final Office Action or a Notice of Allowance.

Please charge the \$180.00 fee to our Deposit Account No. 08-0219.

Applicants request that the Examiner initial and return a copy of the enclosed Form PTO SB-08 with the next communication.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 08-0219, under Order No. 0286336.00154US1.

Respectfully submitted,

Dated: December 12, 2008

/Ann-Louise Kerner, Ph.D./
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